

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.		DEP.		IND.			IND.		DEP.		IND.		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	1													
2		1												
3		1												
4		2												
5		3												
6		4												
7		10												
8		5												
9		6												
10		4	1											
11		7	6											
12		8	7											
13		9	8											
14		10	9											
15		10	10											
16		12	11											
17		10	12											
18		8	10											
19		7	9											
20		10	11											
21		10	10											
22		4	1											
23		10	10											
24		4	1											
25		10	10											
26		4	1											
27		10	10											
28		4	1											
29	1													
30		1												
31		1												
32		3	1											
33		1	3											
34		4	1											
35		1	4											
36		4	1											
37		1	10											
38		1	10											
39		7	6											
40		4	1											
41		1	4											
42		4	1											
43		6	4											
44		4	1											
45		1	4											
46		4	1											
47		4	1											
48		1	4											
49		1												
50														
TOTAL IND.	2		↓		↓		↓							
TOTAL DEP.	45	←		←		←	←							
TOTAL CLAIMS	47													